SARS Preparedness Survey-- A Proxy for Emerging Infectious Disease Preparedness

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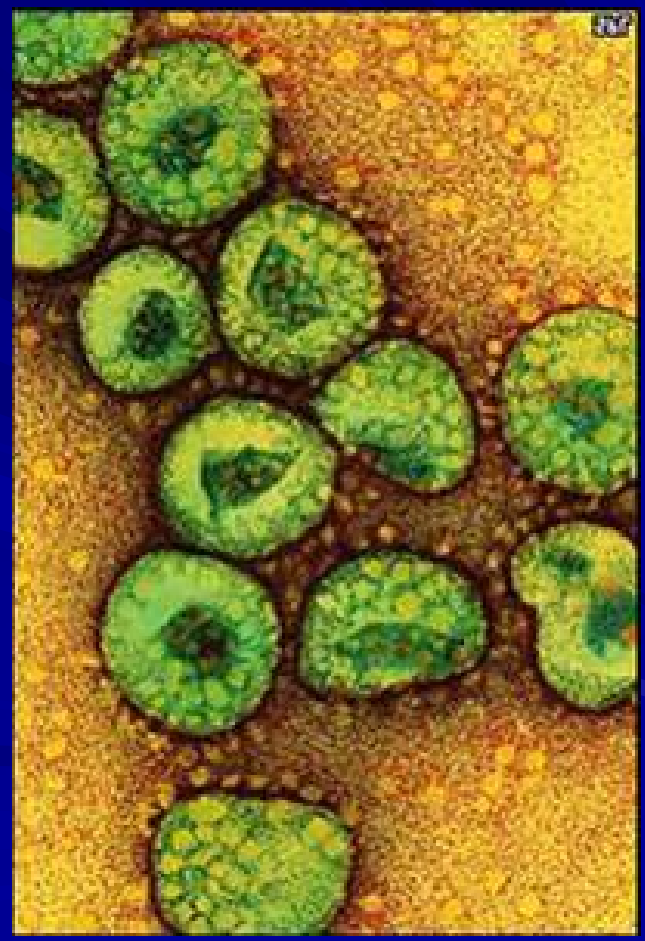
Severe Acute Respiratory Syndrome

- Acute viral illness
- First reported in Asia--Feb. 2003
- Caused by a previously unrecognized corona virus, called SARS-CoV



Transmission

- Healthcare facilities proved to be a major link during the 2003 global epidemic.
- In areas with extensive outbreaks, SARS spread most readily among HCWs caring for SARS patients.

Transmission

- In Toronto, 77% of patients in the first phase were infected in the hospital setting.
- Half of all SARS cases in Toronto were HCWs.
- In Hong Kong, 21% of all SARS cases occurred in HCWs.

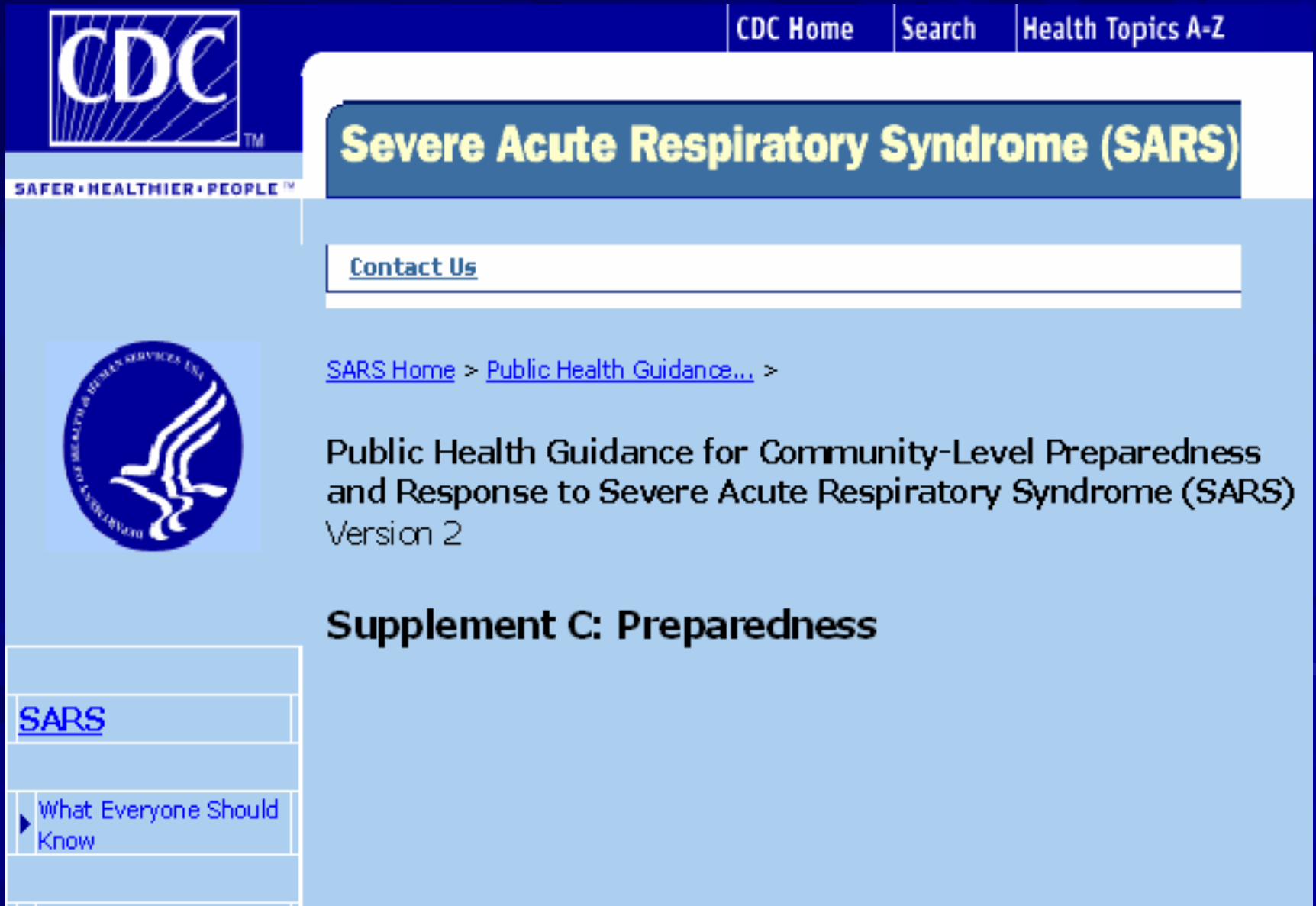
Rapid & Decisive Surveillance & Containment

- KEY To Successful Implementation
  - Up to date information
  - Rapid & effective institution of control measures
  - An effective organizational & decision-making plan
  - Trained staff with the ability to decisively implement such a plan

SARS Preparedness Survey

The Bureau of Infectious Disease Control (Investigation Section) developed a survey to assess hospital SARS preparedness based on CDC recommendation for health care facilities.

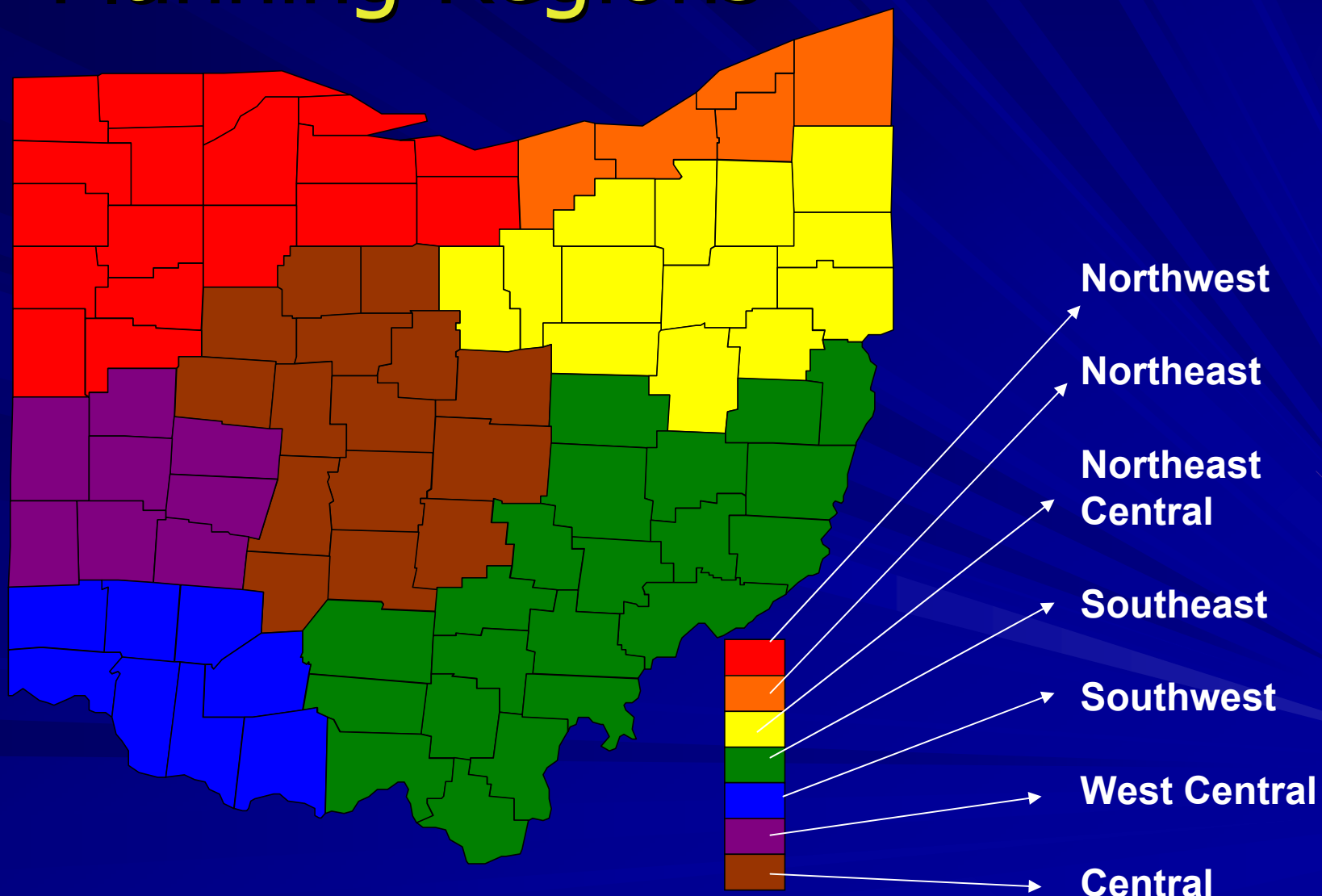
Guidance Resources for Hospitals



Goals & Objectives

- To evaluate Ohio hospitals' preparedness for SARS and other emerging pathogens
- To identify the strengths of Ohio hospitals' preparedness and
- To identify resources and opportunities for improvement so that Ohio is better prepared

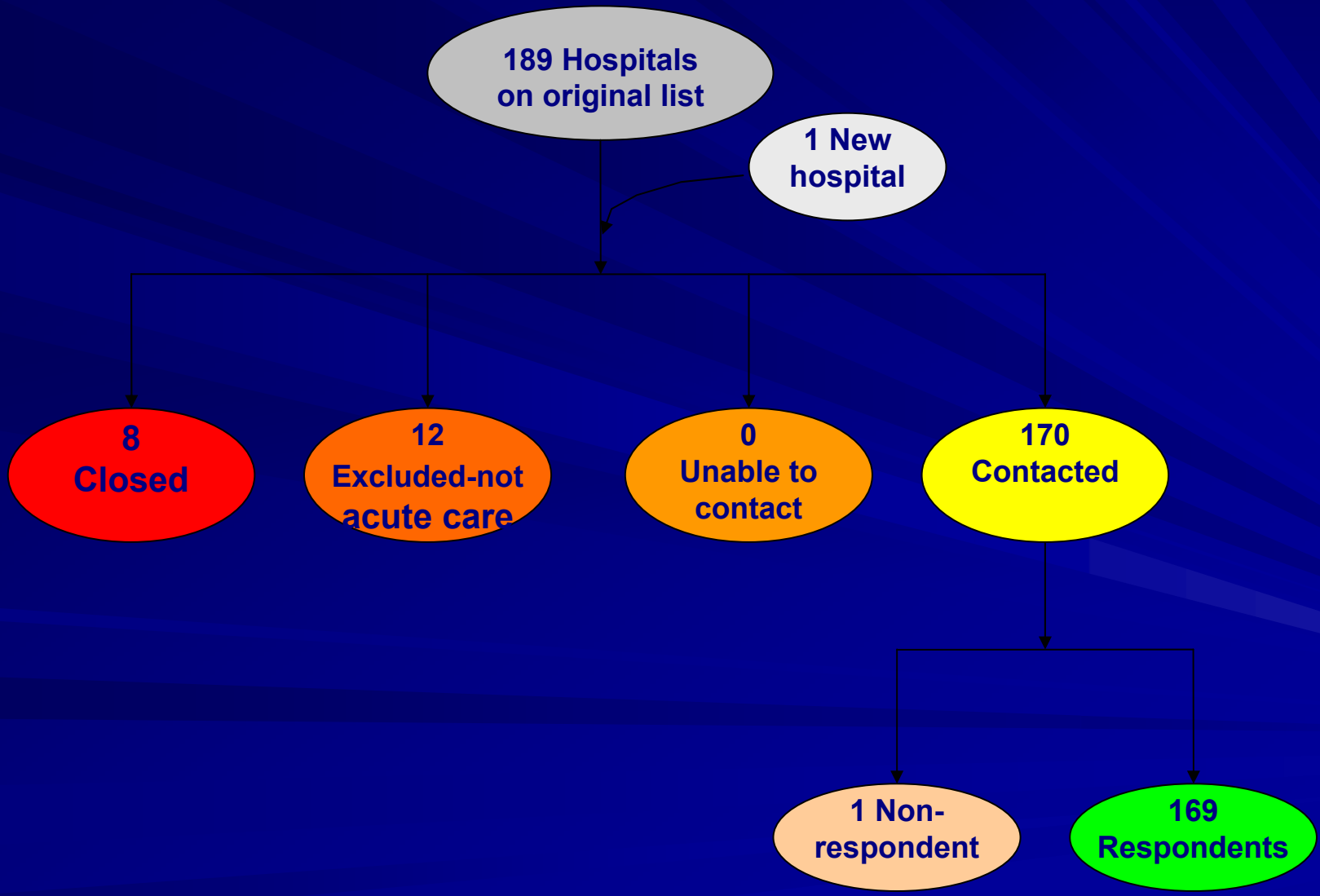
Homeland Security Planning Regions



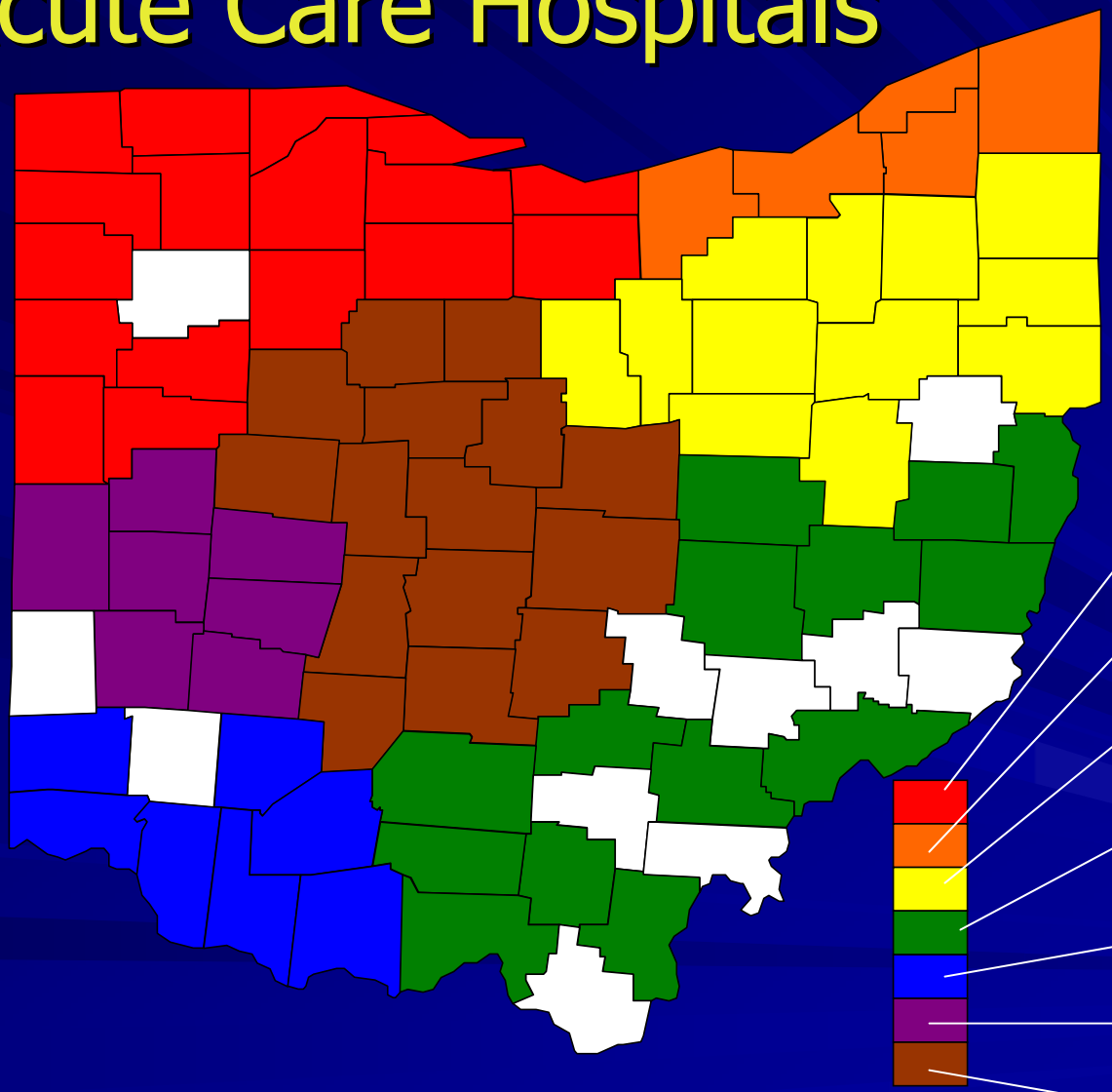
Methods

- A written survey was developed using objectives from Supplement C
- Local public health departments were an integral part of assessment
  - 129 Local health departments assessed 180 hospitals
  - 8 Local health departments requested ODH send surveys directly to hospitals

Survey Response Disposition



Ohio Counties Without Acute Care Hospitals



SARS Preparedness Survey – 11 Focus Areas Assessed

- Preparedness planning
- Surveillance
- Management of health care worker safety
- Basic infection control
- Appropriate triage and placement of patients
- Engineering and environmental controls
- Exposure reporting and evaluation and reporting of potential exposures
- Alternate staffing plans
- Plans to limit admissions to unrecognized SARS cases
- Ensuring availability of essential supplies and equipment
- Communication among health care facilities, the local health department and others with a “need to know” function.

Scoring the Survey

- Hospitals were scored 1 point for each objective marked as completed by January 23, 2004.
  - “Fully prepared” all 39 essential tasks completed
  - “Well prepared” between 30 and 38 completed
  - “Prepared” between 20 and 29 completed
  - “Making progress” between 10 and 19 completed
  - “At risk” in the event of re-emergence of SARS if the hospital scored 9 or below

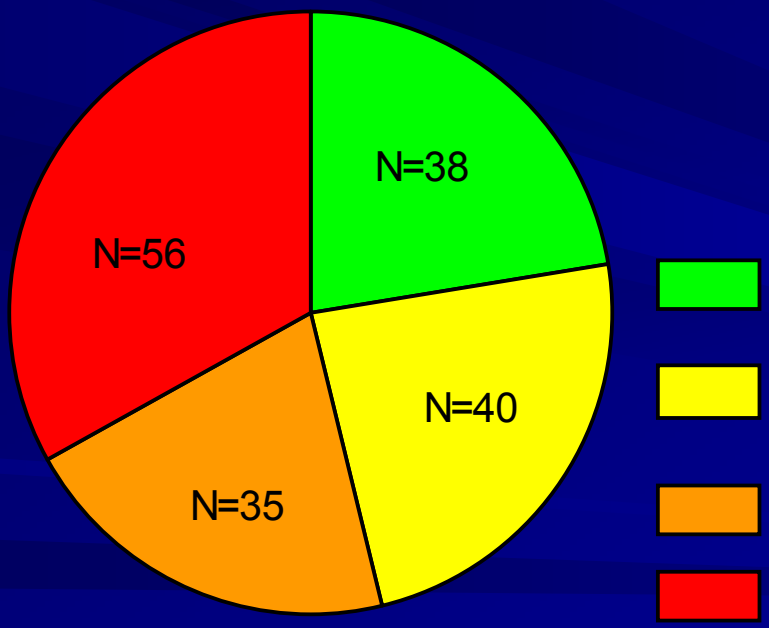
Response Rate by Region

Region	Respondents	Hospitals	Percent Response
West Central	17	17	100.0%
Southwest	20	20	100.0%
Central	26	26	100.0%
Northeast	28	28	100.0%
Northeast Central	29	29	100.0%
Northwest	29	29	100.0%
Southeast	20	21	95.2%
Statewide	169	170	99.4%

SARS Preparedness Decision Making, Planning, & Assessment

- Does the hospital have a planning and decision-making structure that ensures the capacity to detect and respond effectively to SARS?
- Has the hospital assessed the capacity of the facility to respond to SARS ?
- Has the hospital developed a written SARS preparedness and response plan, for various levels of SARS activity?

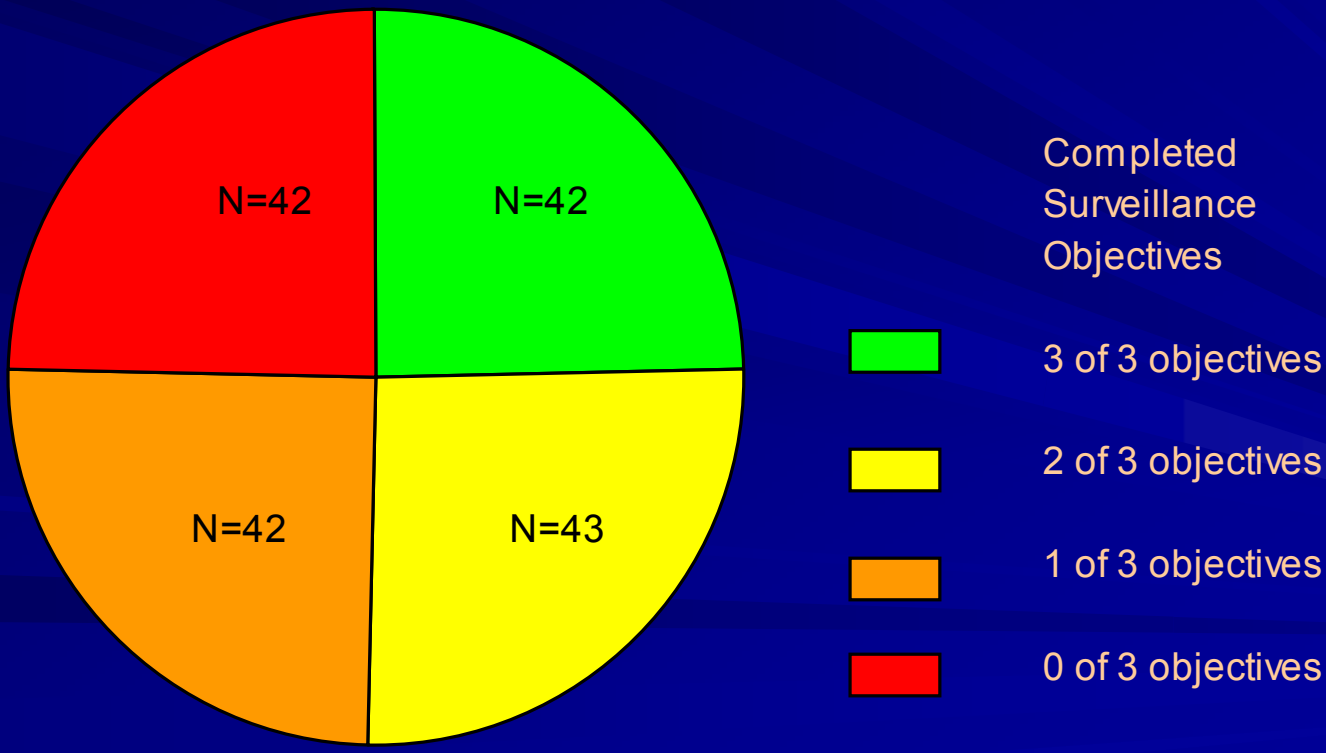
SARS Preparedness Decision Making, Planning, & Assessment



SARS Surveillance

- Have visual alerts (signs) been placed at the entrances to all outpatient facilities requesting that patients inform health care personnel of respiratory symptoms when they register for care?
- Are all patients hospitalized with pneumonia who might indicate a higher index of suspicion for SARS-CoV infection screened for travel, etc.?
- Have clinicians been instructed how to promptly report a potential SARS case to hospital and public health officials?

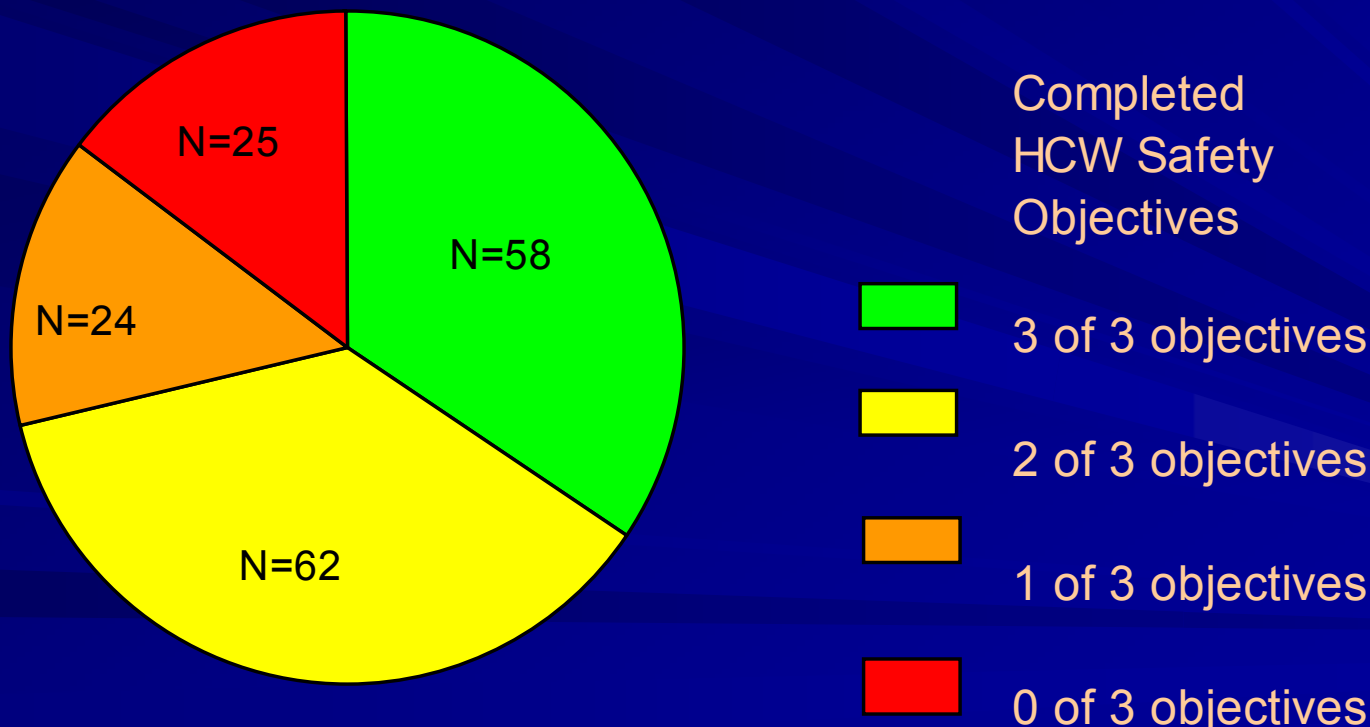
SARS Surveillance



SARS Health Care Worker (HCW) Safety

- Have assigned emergency staff been trained and fit-tested to evaluate possible SARS patients?
- Has the staff been instructed to wear appropriate PPE when evaluating potential SARS patients?
- Has staff been instructed to use droplet precautions when caring for any patient with both fever & respiratory symptoms?

SARS Health Care Worker (HCW) Safety

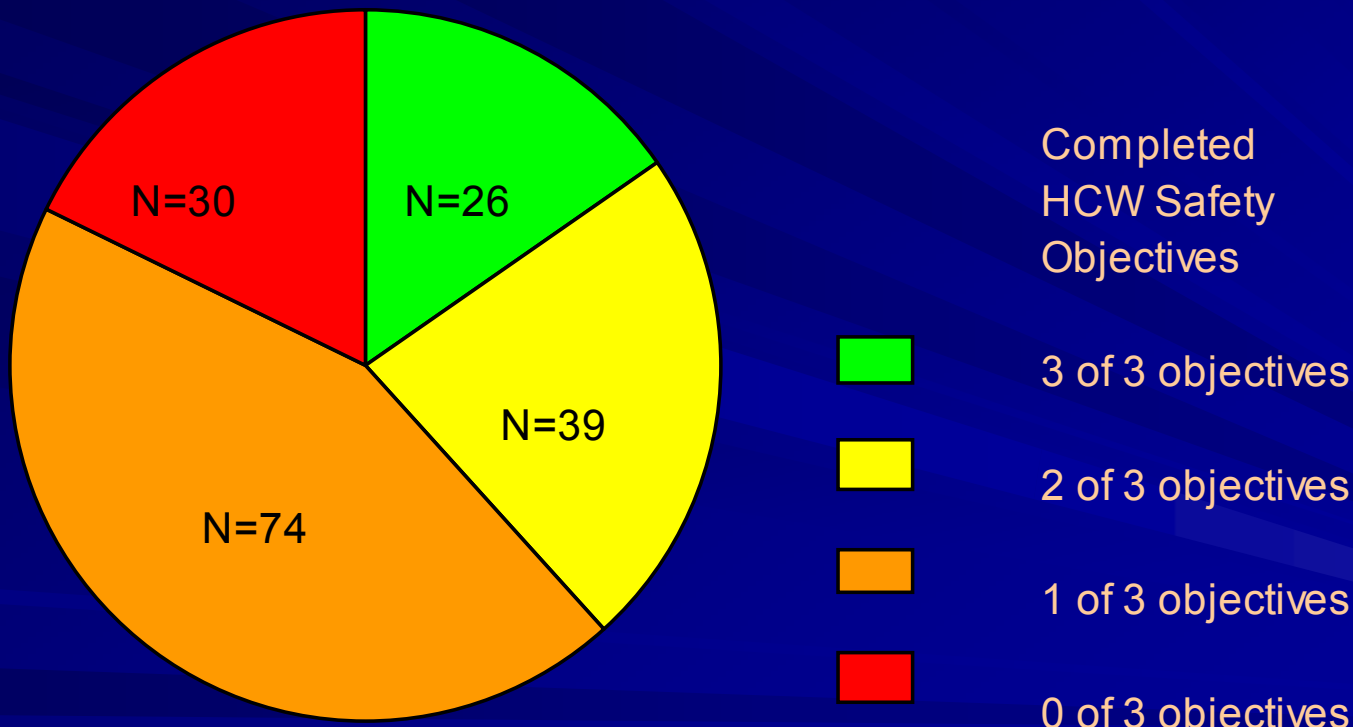


Basic Infection Control

- Has it been determined how infection control training/re-emphasizing will be provided for all hospital personnel and visitors who might be affected by SARS?
- Have posters & instructional materials been develop[illegible] teach appropriate hand hygiene and standard prec[illegible]s, teach the correct sequence and methods for do[illegible]nd removing PPE, instructions on actions to ta[illegible]fter an exposure and instructions to visitors and pa[illegible]with symptoms and SARS risk factors to repo[illegible]to a specified screening and evaluation site?
- Has the concept of “respiratory etiquette” been instituted to help decrease transmission of SARS-CoV and other respiratory pathogens?

MULTIPLE PART QUESTION

Basic Infection Control



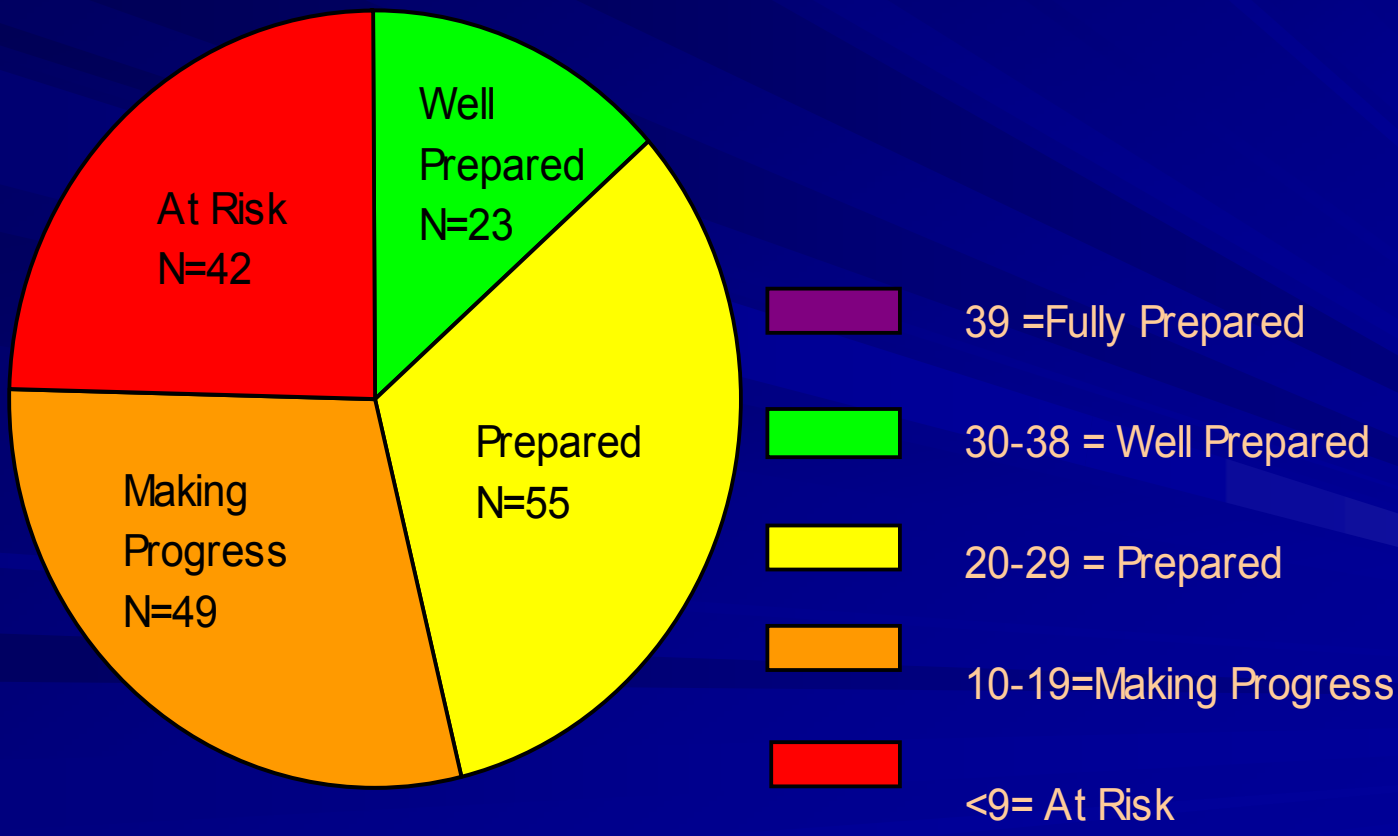
Areas of Strength

- Top 25% of Ohio hospitals showed strength in the following categories:
  - Health care worker safety
  - Engineering/environmental controls
  - Exposure reporting & evaluation
  - Availability of essential supplies, and
  - Communication plans.

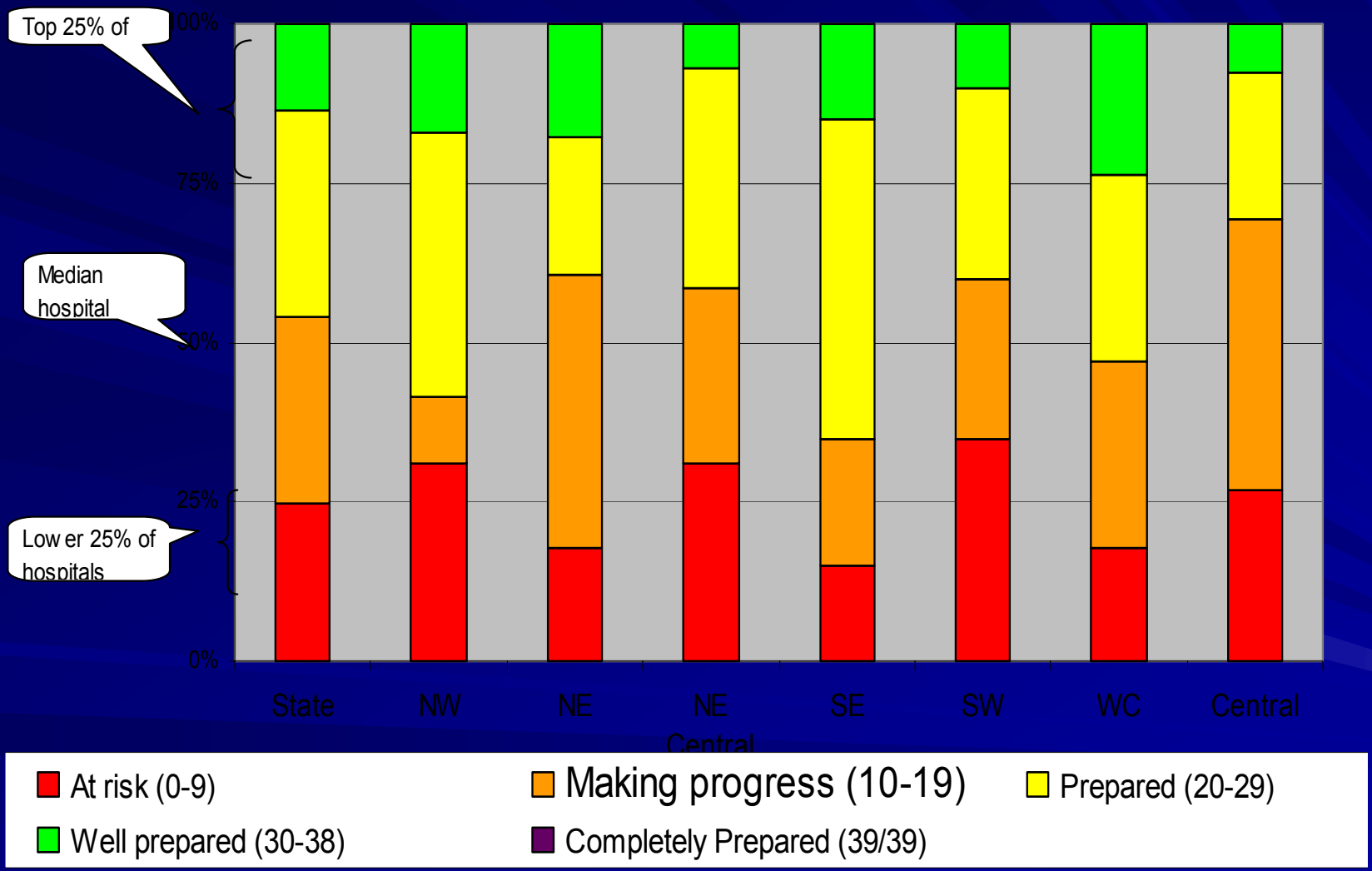
Areas Showing Opportunities for Improvement

- Based on the median hospital in Ohio, the categories are:
  - Preparedness planning
  - Alternate staffing plans, and
  - Importance of basic infection control

SARS Preparedness Survey – Statewide Results



Cross Regional Comparison



Recommendations

- Resource offerings:
  - Local Public Health Departments
  - Ohio Department of Health
  - CDC.GOV (web site)
  - APIC.ORG (web site)
  - Ohanet.org (web site)
  - Each of the web sites offer educational courses and information related to “mass preparedness” issues.

Recommended Resources

- Association for Professionals in Infection Control and Epidemiology (APIC) is offering an e-learning course on “Assessing Facility Bio terrorism Preparedness: A guide for ICPs” (visit APIC.ORG)
- Local APIC chapters (5 in Ohio), welcome guests and new members. Educational offerings, sharing and networking are a major part of chapter meetings. (locate local chapters on APIC.ORG)
- An infection control beginners course (ICE I) and an intermediate course (ICE II) were offered in Columbus area summer 2004. Registration fees were provided at no cost to Ohio’s hospital ICPs.
  - Thirteen of the 39 objectives assessed in the survey are addressed in ICE I.

THE END